

DCFA SCHEDULE

Hospital Name Bayview Medical Center
 Hospital Number _____

Period __ FY end June 30, 2021 _____

Column 1 Column 2 Column 3 Column 4 Column 5 Column 6 Column 7 Column 8 Column 9 Column 10

CREDIT & COLLECTION

Collection Agency Name

- (1) Nationwide Credit Corporation
- (2) Cognizant - former Receivables Outsourcing Inc.
- (3) National Recovery Agency
- (4) UCB Intelligent Solutions
- (5)

(6) Number of liens 0
 (7) Number of Extended Payments Plans 630

FINANCIAL ASSISTANCE

(8) Total Number of Patients Who Completed a Financial Assistance Application 347
 (9) Total Number of Patients Who Partially Completed a Financial Assistance Application
 (10) Total Number of patients Who Received Free Care 194
 (11) Total Number of patients Who Received Reduced-Cost Care

	Spanish or <u>Hispanic</u>	<u>White</u>	Black or African <u>American</u>	American Indian <u>or Alaska Native</u>	<u>Asian</u>	Native Hawaiian or Other Pacific <u>Islander</u>	<u>Other</u>	Declined to <u>Answer</u>	Unknown or Cannot <u>be Determined</u>
(12) Number of Patients Who Received Financial Assistance by Race or Ethnicity	0	88	39	1	4	0	76	0	0
(13) Number of Male or Male Gender Identity Patients Who Received Financial Assistance	0	45	13	0	3	0	26	0	0
(14) Number of Female or Female Gender Identity Patients Who Received Financial Assistance	0	43	26	1	1	0	50	0	0
(15) Number of Patients Who Do Not Identify by Gender Who Received Financial Assistance	0	0	0	0	0	0	0	0	0
(16) Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	0	41	16	2	4	1	73	0	0
(17) Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance	0	22	9	0	2	0	35	0	0
(18) Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance	0	19	7	2	2	1	38	0	0
(19) Number of Patients Who Do Not Identify by Gender Who Were Denied Financial Assistance	0	0	0	0	0	0	0	0	0
(20) Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$	4,025	\$ 218,456		\$ 14,161		\$ 273,600		
(21) Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether Covered by Financial Assistance or Billed to the Patient	\$	4,014,246	\$ 1,688,771	\$ 254,914	\$ 35,841		\$ 749,064		